

HOPE Mentoring Application

Volunteer Information

Title: _____ Volunteer Name: _____
☐ Dr. ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Ms.

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Address (Street and Number, City, State and Zip Code): _____

I am willing to travel _____ miles from this address.

Date of Birth: _____

Work and Educational Experience

Occupation/Job Title: _____

Field: _____

Time Employed in Current Position: _____

Briefly describe your prior work and volunteer experience: _____

Education completed (check all that apply):

☐ High School ☐ Technical/Trade School ☐ Undergraduate ☐ Post-graduate

Other: _____

College/Technical School Attended: _____

Major: _____

Professional Certifications/Memberships Held: _____

Additional Information

Briefly describe why you are interested in being a mentor: _____

Tell us which mentoring program in which you are most interested in participating:

☐ Youth Mentoring (ages 18-21) ☐ Adult Mentoring ☐ Wherever I am most needed

List any hobbies, interests or special skills that you think will benefit our participants (attach additional pages as needed): _____

Would you be willing to work with non-English speaking families? ☐ Yes ☐ No

If yes, which languages: _____

Tell us how you heard about this volunteer opportunity: _____

Have you ever been convicted of a felony? If yes, please explain. ☐ Yes ☐ No

Have you ever served time or been placed on probation/community supervision? If yes, when did you complete your supervision or time served? _____